

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | | Application Number 10-040291 | | Filing Date 10-12-04 | | |
|-------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------|-------------------------|-------|--------|
| | | | | | | | Applicant(s) | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend |
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| 50 | | / | | | | | 99 | | / | | |
| Total | | | | | | | 100 | | | | |
| Indep | 13 | | | | | | Total | | | | |
| Depend | 58 | | | | | | Indep | | | | |
| Total | 71 | | | | | | Total | | | | |
| Claims | | | | | | | Depend | | | | |
| | | | | | | | Total | | | | |
| | | | | | | | Claims | | | | |